

Weiner & Associates, PLLC

ATTORNEYS AT LAW

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TOLL FREE 1-888-701-0900

CHICAGO OFFICE:
111 WEST WASHINGTON ST • SUITE 1020
CHICAGO, IL 60602
PHONE (312) 332-2668
TOLL FREE 1-877-601-0611

+Cy V. Weiner
Ronald M. Applebaum
Joel A. Sanfield
Robert J. Lipnik
Erik J. Stone
Carlene J. Reynolds
Nicholas M. Marchenia
*Ryan J. Weiner
*Suzanne S. Swanson
*Tiffany Arrott
***Moira A. Uwediojewe
Matthew B. Owen
Jodi M. Fox
Victoria L. Marks
James A. Lane

Of Counsel:
**Elissa V. Ray
Harvey Chayer
Michael A. Komorn

*Also Member of New York Bar
+Also Member Illinois Bar
*Member of Illinois Bar
**Also Member of Nigerian Bar
**Also Registered Nurse

May 20, 2011

Allstate Insurance Company
VIA FACSIMILE: (866) 447-4293
Attn: David Franco

RE: Our Client: [REDACTED]
Date of Loss: May 11, 2010
Claim No.: 0167726223

Dear Mr. Franco:

As you are aware, we are the attorneys for the above-named claimant. The claimant was involved in an automobile accident on the above date and sustained personal injuries. On behalf of the claimant, we hereby claim all benefits arising out of the insured's policy of insurance with your company. Such benefits include, but are not limited to:

Uninsured Motorist Benefits, if applicable
Personal Injury Protection Insurance (No-Fault Benefits)
Underinsured Benefits, if applicable

Due to non-payment of benefits accruing from the accident on the above date; our law firm filed a law suit on behalf of our client. We hereby claim an attorneys' lien for all amounts paid by reason of said accident for our client, including medical bills; whether by settlement, compromise or otherwise. Thank you for your anticipated cooperation in this regard.

Sincerely,

WEINER & ASSOCIATES, PLLC

Jodi M. Fox
Jodi M. Fox
For the Firm



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*****Allen I. Glass

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****Also Member of New York Bar
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**Also Registered Nurse
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+Also Member of Nigerian Bar

October 15, 2010

Allstate Insurance Company
VIA FACSIMILE: (866) 447-4293
Attn: David Franco

RE: Our Client: [REDACTED]
Date of Loss: May 11, 2010
Claim No: 0167726223

Dear Mr. Franco:

Enclosed please find a Disability Certificate for 8/31/10 through 9/30/10, five Statements of Services Provided for September, and two Medical Mileage forms in regards to our client, [REDACTED]. Please update our office on the status of her claim at your earliest convenience. Thank you.

Sincerely,

WEINER & ASSOCIATES, PLLC

Jodi M. Fox

Jodi M. Fox
For the Firm

Weiner & Associates, PLLC

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September 16, 2010

Allstate Insurance Company
VIA FACSIMILE 866-447-4293
Attn: Cynthia Fishburn

RE: Our Client: [REDACTED]
Date of Loss: May 11, 2010
Claim No.: 0167726223

Dear Ms. Fishburn:

Enclosed please find a Notice of Claim Bodily Injury Benefit Insurance Coverage S form and an Authorization of Release Medical Records form in reference to [REDACTED]. Please update our office on the status of her claim at your earliest convenience. Thank you.

Sincerely,

WEINER & ASSOCIATES, PLLC

Matthew B. Owen

Matthew B. Owen
For the Firm
/ras

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Of Counsel
"Eliza V. Ray
Harvey Chuyet
Michael A. Komorn

Michael A. Komroff

Allstate Insurance Company
VIA FACSIMILE 866-447-4293
Attn: Cynthia Fishburn

RE: Our Client: [REDACTED]
Date of Loss: May 11, 2010
Claim No.: 0167726223

Dear Ms. Fishburn:

Please be advised that we are the attorneys for the above-named claimant. The claimant was involved in an automobile accident on the above date and sustained personal injuries. On behalf of the claimant, we hereby claim all benefits arising out of the insured's policy of insurance with your company. Such benefits include, but are not limited to:

Uninsured Motorist Benefits, if applicable
Personal Injury Protection Insurance (No-Fault Benefits)
Underinsured Benefits, if applicable

We hereby claim an attorneys' lien for all amounts paid by reason of said accident to our client, whether by settlement, compromise or otherwise (**except voluntary payment of medical expenses, which should be sent directly to the provider**). Please forward an Application for Benefits form for our client to complete. Thank you for your anticipated cooperation in this regard.

Sincerely,

WEINER & ASSOCIATES, PLLC

Leah Sloniker For the Firm

Weiner & Associates, PLLC

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**Also Registered Nurse
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+Also Member of Nigerian Bar

November 12, 2010

All State Insurance Company
VIA FACSIMILE 866-447-4293
Attn: Kathleen Baker

RE: Our Client: [REDACTED]
Date of Loss: October 18, 2010
Claim No: 0181475161

Dear Ms. Baker:

Please be advised that we are the attorneys for the above-named claimant. The claimant was involved in an automobile accident on the above date and sustained personal injuries. On behalf of the claimant, we hereby claim all benefits arising out of the insured's policy of insurance with your company. Such benefits include, but are not limited to:

Uninsured Motorist Benefits, if applicable
Personal Injury Protection Insurance (No-Fault Benefits)
Underinsured Benefits, if applicable

We hereby claim an attorneys' lien for all amounts paid by reason of said accident to our client, whether by settlement, compromise or otherwise (**except voluntary payment of medical expenses, which should be sent directly to the provider**). Please forward a copy of the applicable Declaration Page and an Application for Benefits form for our client to complete. Thank you for your anticipated cooperation in this regard.

Sincerely,

WEINER & ASSOCIATES, PLLC

Jodi M. Fox

Jodi M. Fox
For the Firm

Weiner & Associates, PLLC

ATTORNEYS AT LAW

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Of Counsel:
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+Also Member of Nigerian Bar
+Also Registered Nurse

July 28, 2011

Allstate Insurance Company
Adjustor: David Franck
Fax: (877)276-1847

RE: Our Client: [REDACTED]
Date of Loss: May 3, 2011
Claim No.: 0201576295

Dear Sir or Madam:

Enclosed please find the following document(s):

- Affidavit For Benefits

Please be advised that Weiner & Associates, PLLC, has a lien on all checks disbursed for PIP benefits regarding the claim mentioned-above. Please update my office on the status of [REDACTED] claim at your earliest convenience. Thank you.

Sincerely,

WEINER & ASSOCIATES, PLLC

Peter Howe

Peter Howe
For the Firm

06/30/2011 18:30 12483512211

WEINER & ASSOCIATES

PAGE 02/02

**Weiner & Associates, PLLC**

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Of Counsel:
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+Also Member of New York Bar
*Also Member of Illinois Bar
***Also Member of Nigerian Bar
**Also Registered Nurse

June 30, 2011

Allstate Insurance
FACSIMILE (877)276-1847
Attn: David Franck

RE: Our Client: [REDACTED]
Date of Loss: May 3, 2011
Claim No.: 0201576295

Dear Mr. Franck:

Please be advised that we are the attorneys for the above-named claimant. The claimant was involved in an automobile accident on the above date and sustained personal injuries. On behalf of the claimant, we hereby claim all benefits arising out of the insured's policy of insurance with your company. Such benefits include, but are not limited to:

Uninsured Motorist Benefits, if applicable
Personal Injury Protection Insurance (No-Fault Benefits)
Underinsured Benefits, if applicable

We hereby claim an attorneys' lien for all amounts paid by reason of said accident to our client, whether by settlement, compromise or otherwise (**except voluntary payment of medical expenses, which should be sent directly to the provider**). Please forward a copy of the applicable Declaration Page and an Application for Benefits form for our client to complete. Thank you for your anticipated cooperation in this regard.

Sincerely,

WEINER & ASSOCIATES, PLLC

Shannon L. Sofer
Paralegal for the Firm